

Central Bedfordshire Health and Wellbeing Board

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Title of Report **Bedfordshire Plan for Patients 2014/15 to 2018/19**

Meeting Date: 9 January 2014

Responsible Officer(s) John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Presented by: John Rooke, Chief Operating Officer, Bedfordshire Clinical Commissioning Group

Action Required:

- 1. to note the requirements for Everyone Counts: Planning for Patients 2014/15 to 2018/19 (NHS England 20 December 2013); and**
 - 2. to agree the timescale and proposed arrangements for the sign off of Bedfordshire Plan for Patients 2014/15 to 2018/19.**
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Executive Summary	
1.	The following report outlines the requirements of national planning guidance “Everyone Counts: Planning for Patients 2014/15 to 2018/19 (NHS England 20 December 2013)” and the implications for plans for local health care services.

Background	
2.	The national planning guidance “Everyone Counts: Planning for Patients 2014/15 to 2018/19 (NHS England 20 December 2013)”, sets out how NHS England proposes that the NHS budget is invested so as to drive continuous improvement and to make high quality care for all a reality.
3.	The NHS is facing an unprecedented challenge to transform outcomes for patients and to minimise inequalities within and between communities. A <i>Call to Action</i> forecasts a financial gap of around £30 billion by 2020/21, and the affordability challenges in 2014/15 and 2015/16 are real and urgent.

4.	The planning guidance acknowledges that a longer term view of the planning of services to reflect the step changes required to tackle these unprecedented challenges is required. Commissioners are required to plan for the transformation of services on a 5 year basis. This 5 year plan should include the first two years of operational delivery in detail, which must be explicit in dealing with the financial gap and contain appropriate risk and mitigation strategies.
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Bedfordshire Clinical Commissioning Group Financial Challenge

5.	The financial challenge for BCCG in 2014/15 is £15,530 million, current early assumptions is that this gap will be £2,534 million in 2015/16 and £2,906 million in 2016/17.
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Better Care Fund (Integration Transformation Fund)

6.	<p>The Better Care Fund local 2-year plan for 2014/15 and 2015/16 will be incorporated within and form a significant sub-set of Bedfordshire Plan for Patients 2014/15 to 2018/19. The proposed joint working with Central Bedfordshire Council to develop the Better Care Fund Plan, will therefore, also become an critical part of the partnership approach to developing Bedfordshire Plan for Patients 2014/15 to 2018/19.</p> <p>The funding and implementation of the Better Care Fund has the potential to improve sustainability and raise quality across health and care systems, including by reducing emergency admissions.</p> <p>Planning guidance flags that hospital emergency activity will need to reduce by around 15 per cent. Bedfordshire Plan for Patients 2014/15 to 2018/19 will need to demonstrate how significant progress will be made towards this reduction during 2014/15.</p>
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Working in Partnership

7.	<p>Health and Wellbeing Boards will be a key forum for agreeing plans with all stakeholders and accounting to the local community that these plans meet their needs and are delivered. A Central Bedfordshire facing plan developed.</p> <p>BCCG will ensure that public, patient and carer voices are at the centre of healthcare services from planning to delivery. We will build upon our platform of engagement with patients and public and health and social care provider representatives within the local community. Early plans were deliberated at two well attended local events in June 2013 (a full report can be found on the BCCG website at https://www.bedfordshireccg.nhs.uk/page/?id=3713). We will continue to ensure that citizens participate in the shaping and development of healthcare services and we are working with public members, locality patient reference groups and patient representative organisations such as Healthwatch, to develop our plans.</p>
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	For each individual service/care pathway change our processes embed a robust approach to stakeholder engagement and communication. Assessments to determine significant variation in service changes are routinely made and we work closely with Local Authority Overview and Scrutiny processes to ensure a robust and best practice approach to public consultation.
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Strategic Review of Health Care Services in Bedfordshire

7. All five partners – BCCG, MKCCG, the TDA, Monitor and NHS England have agreed terms of reference for the review of healthcare across Beds and Milton Keynes. The national partners will work with a consultancy firm to help deliver the review from January to July 2014.
- The outcomes of this review will inform and mould Bedfordshire Plan for Patient's 2014/15 to 2018/19. Planning to meet the financial gap of £15,530m in 2014/15 must continue alongside this review, as a critical factor to ensuring the local health economy remains sustainable until review recommendations can deliver the longer term transformation of community and hospital services.

Planning Timetable

8. Plans need to be approved by Boards by 31 March 2014.
- Submission to NHS England of final 2 year operational plans and draft 5 year strategic plan by 4 April 2014.
- Submission to NHS England of the final 5 year strategic plans 20 June 2014.

Planning Fundamentals

9. **Outcomes:** Plans must describe how the government's mandate, set out in the NHS Outcomes Framework, will be delivered, in part by translating these outcomes into additional specific, measurable ambitions, within the following areas:
- Securing additional years of life for people with treatable mental and physical health conditions.
 - Improving health related quality of life for people with one or more long term health condition, including mental health conditions.
 - Reducing the amount of time people spend avoidably in hospital through better and more integrated care in community, outside of hospital.
 - Increasing the proportion of older people living independently at home following discharge from hospital.
 - Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.
 - Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.
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	<p>Additionally there are three more key measures for <i>improving health, reducing health inequalities and in ensuring parity of esteem</i>; making sure we are just as focussed on improving mental as physical health.</p>
10.	<p>Patient Services: Fulfilling longer term ambitions will require a change in the way health services are delivered. Plans for high quality, sustainable health care services will include the following characteristics:</p> <ul style="list-style-type: none"> • A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care. • Wider primary care, provided at scale. • A modern model of integrated care. • Access to the highest quality urgent and emergency care. • A step change in the productivity of elective care. • Specialised Services concentrated in centres of excellence.
11.	<p>A focus on maintaining the essentials: these essential elements are expected to be characteristics of all service plans;</p> <ul style="list-style-type: none"> • Access <ul style="list-style-type: none"> ◦ Convenient access for everyone ◦ Meeting the NHS Constitution Standards • Quality <ul style="list-style-type: none"> ◦ Response to Francis, Berwick and Winterbourne View ◦ Patient Safety ◦ Patient Experience ◦ Compassion in practice ◦ Staff Satisfaction ◦ Seven day services ◦ Safeguarding • Innovation <ul style="list-style-type: none"> ◦ Research and innovation; plans support statutory responsibilities and adopt innovative approaches. • Value for Money <ul style="list-style-type: none"> ◦ Financial resilience; delivering value for money for taxpayers and patients and procurement.
Conclusions and Next Steps	
12.	<p>Planning assumptions are being built upon the existing platform of priorities; the mental health service procurement process, the development of joint plans such as those for Children and Young People, the end of our community contracts, the development of the Better Care Fund plan and the Strategic Review of health care services. Existing partnership forums and the joint strategic commission group will also continue to ensure partnered approach to planning development.</p>
13.	<p>The documents to be approved by Boards will include a technical plan for NHS England assurance and two Local Authority facing plans.</p>

Detailed Recommendation	
14.	Central Bedfordshire Health and Wellbeing Board have a development meeting on 13 February 2014, where the more detailed Better Care Fund proposal will be discussed. Given the interdependency of these two plans it is proposed that the board review both the Better Care Fund Proposal and Bedfordshire Plan for Patients for approval at this meeting.
15.	The Health and Wellbeing Board note the planning requirements and the deadline of Board approval by 31 March 2014.

Issues	
Strategy Implications	
16.	As described within the planning guidance BCCG will increasingly adopt an outcomes based approach, which means focussing less on <i>what</i> is done for our patients and more on the <i>results</i> of what is done. Bedfordshire Plan for Patients 2014/15 to 2018/19 will align to the NHS Outcomes Framework.
17.	The Bedfordshire Plan for Patients 2014/15 to 2018/19 will reflect the Central Bedfordshire Health and Wellbeing strategy and Joint Strategic Needs Assessment.
Governance & Delivery	
18.	The Bedfordshire Plan for Patients 2014/15 to 2018/19 needs to be aligned across health economies and BCCG will work closely with Central Bedfordshire Council, health care providers and NHS England to enable wider and more strategic health economy planning.
Management Responsibility	
19.	Operating Officer for Bedfordshire Clinical Commissioning Group
Public Sector Equality Duty (PSED)	
20.	<p>The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p> <p>Bedfordshire Plan for Patients will fully acknowledge PSED and equality objectives will be described within the Plan. Each individual service change will undertake an Equality Impact Assessment.</p>

	Are there any risks issues relating Public Sector Equality Duty	No
	No	Yes <i>Please describe in risk analysis</i>

Risk Analysis
Bedfordshire Plan for Patients 2014/15 to 2018/19 will annex a full risk assessment. A System Quality Impact Assessment process is undertaken to determine the safety, quality, patient experience, workforce, activity and finance implications of collective local health economy plans.

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Source Documents	Location (including url where possible)
Deliberative Events Report 2013	https://www.bedfordshireccg.nhs.uk/page/?id=3713

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